Table 1 Levels of evidence and critical appraisal scores

Authors	Eligibility criteria	Random allocation	Concealed allocation	Baseline comparability	Blind subjects	Blind therapists	Blind assessor	Adequate Follow-up	Intention-To-treat analysis	Between-Group comparisons	Point Estimate& variability	Total	Risk of bias
Liorens et al.,[7]	Yes	Yes	Yes	Yes	No	No	Yes	Yes	No	Yes	Yes	7	Modest
Chumbler et al.,[12]	Yes	Yes	Yes	Yes	No	No	Yes	Yes	Yes	Yes	Yes	8	Low
Chen et al.[23]	Yes	Yes	Yes	Yes	No	No	Yes	Yes	No	Yes	Yes	7	Modest
Cramer et al.,[20]	Yes	Yes	No	Yes	No	No	Yes	Yes	Yes	No	Yes	6	Modest

Data analysis

Reference	Study Objective	Participation	Intervention		Duration or time per sedation	Outcome measure tool	Impressions (related to tele-rehabilitation)
			Experimental group	Control group			
Liorens et al.,[7]	Evaluate the clinical effectiveness of virtual-reality base tele-rehabilitation.	30 15+15	Home based tele-rehabilitation	In-clinic therapeutic intervention	12 week , (45min per session Total 20 Session)	Berg balance scale.	For rehabilitating locomotors skills with balance the virtual reality tele-rehabilitation and in-clinic intervention has similer effect.
Cramer et al.,[20]	To determine whether treatment targeted arm movement via home-based tele-rehabilitation is effective or not.	124 62+62	36 session in fort of tele-rehabilitation computer.	18 session with direct supervision under therapist & rest of 18 with booklet at home.	36 session (70 min each)	FM score (compare between baseline and 4 weeks of treatment)	Tele-rehabilitation has significant potentiality to access therapeutic rehabilitation on large number of population.
Jing et al.,[3]	To evaluate the effect of Tele-supervising Rehabilitation on Physical	54 27+27	Tele supervising therapeutic intervention	Physical Exercises in clinical setting.	12 weeks	Berg balance scale(BBS),Modified Barthel	Home-based tele supervising rehabilitation can reduce the care giver burden. The home-based tele-rehabilitation is as effective as conventional outpatient rehabilitation for improving

	Function for Stroke patient with hemiplegia.					Index (MBI)	function of hemiplegic patient after stroke.
Chlumber et al.,[12]	Efficacy of Home-Based Tele-rehabilitation vs In-Clinic Therapy for Adults After Stroke	46 23+23	telerehabilitation therapy in the home	outpatient rehabilitation therapy clinic	Fall efficacy scale	36 session of 90 minuet each 30 days	For improving arm function with activity based training the home based tele-rehabilitation and in-clinic based treatment has same efficacy.